



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7100 ~ Fax: (702) 735-0775

Over-the-Counter Fire Review Service – Plan

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention

Email: permits@ClarkCountyNV.gov

Fee payment: \$160 minimum fee payment is due at time of submittal. For permit types marked with ** a \$240 minimum fee payment is due for submittals received 3-4 business days prior to Move-In Date, or \$320 minimum if received 0-2 business days prior to Move-In Date. For permit types marked with *** a \$240 minimum fee payment is due for submittals received 3-9 business days prior to Move-In Date, or \$320 minimum if received 0-2 business days prior to Move-In date. Fee is payable in exact cash, check or money order (drawn on a US bank in US funds), Master Card or Visa presented in person with proper ID, or an established Fire Prevention escrow account. Checks are payable to CCDB-Fire Prevention. This form must be legible and all appropriate boxes check-marked. Multiple permits require separate applications forms.

Submittal Date: _____ Payment Type: ☐ Cash ☐ Check ☐ Credit Card -or- Escrow Account #: _____

Code Enforcement Case No.: (If applicable) _____ Building Permit No.: (If applicable) _____

(Check one box for desired permit)

<input type="checkbox"/> Asbestos Removal (FASB) ***	<input type="checkbox"/> Exhibits & Trade Shows – Tier 1 < 15,000 SF (FDET) **
<input type="checkbox"/> Automatic Sprinkler TI/Remodel – 4 heads maximum (FDSB)	<input type="checkbox"/> Final Map Signature (No charge for this service) (FDFM)
<input type="checkbox"/> Automatic Sprinkler TI – Alter Existing System (FDSB) (20 heads or less excluding hydraulic calculations, flex-head, or extended coverage sprinklers)	<input type="checkbox"/> Fire Alarm Monitoring System (FDFA)
	<input type="checkbox"/> Liquefied Petroleum Gases, Residential (FLRC)
	<input type="checkbox"/> Temporary Hot-Works (fixed, mobile, or combo) (FHFT) ***
<input type="checkbox"/> Automatic Sprinkler Systems Design – Flow Test (FDSF)	<input type="checkbox"/> Temporary Liquid/Gas-Fueled Vehicle or Equip in Assembly Area (FLQT) ***
<input type="checkbox"/> Automatic Sprinkler In-Building Riser (FDSI)	<input type="checkbox"/> Temporary Outdoor Membrane/Tent – Tier 1 < 15,000 SF (FTTT) **
<input type="checkbox"/> Automatic Sprinkler Monitoring (FDSM)	
<input type="checkbox"/> Elevator Recall (FDER)	

For permit types marked with ** or ***, you must provide all information requested below including those line items marked with **.

PERMIT INFORMATION

Plans: ☐ New ☐ Revision ☐ Correction

Application # (If applicable): _____

correction.

Note: The original application number must be provided if this plan submittal is a revision or a

Municipal Project/Property: ☐ Yes ☐ No

APN: _____

Property/Venue Address: _____ Bldg.-Suite#: _____

Major Property/Venue Name: _____
(i.e.: Name of development, building, project, hotel/casino, or other identifying information)

Sub-Property/Venue Location: _____
(i.e.: Name of business, shop, project, ballroom, hall, parking lot, or other identifying information)

** Name of Event: _____

** Event Move-In Date: _____ ** Event Move-Out Date: _____

** Date & Time Event Will Be Set Up For Inspection: _____ ☐ AM ☐ PM **

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

*** Saturday and Sunday inspections are performed after 4:00 PM. An overtime inspection must be requested if needed before 4:00 PM ***

APPLICATION INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg.-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Company Phone #: _____ Company Fax #: _____

Applicant Phone #: _____ Ext: _____ Fax #: _____

Applicant Email Address: _____

Applicant Name and Title

Applicant Signature